

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

## FOR OFFICE USE ONLY

Postmark Date: 4/30/07

TERM

SCANNED

MAY 09 2007

By:

1070099

1. NAME GASCON TOBY M  
Last First MI

2. BUSINESS PHONE (225) 383-2326

3. BUSINESS ADDRESS 251 FLORIDA ST. SUITE 308  
Street and No. City State Zip

MAILING ADDRESS BATON ROUGE LOUISIANA 70801  
Street and No. City State Zip

4. EMPLOYER OMEGA PROTEIN INC.

5. EMPLOYER'S ADDRESS 2101 CITYWEST BLVD. BLDG 3, SUITE 500, HOUSTON, TX  
Street and No. City State Zip 77042

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name OMEGA PROTEIN, INC.

Address 2101 CITYWEST BLVD, BLDG. 3, SUITE 500, HOUSTON, TX

Business or purpose FISHERIES / MANUFACTURING 77042

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of APRIL 26, 2007

## SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist